

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155750	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2011
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NAME OF PROVIDER OR SUPPLIER MORGANTOWN HEALTH CARE-INN	STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN, IN 46160
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000 INITIAL COMMENTS

K 000

A Life Safety Code Recertification and State
Licensure Survey was conducted by the Indiana
State Department of Health in accordance with 42
CFR 483.70(a).

Survey Date: 02/16/11

Facility Number: 000399
Provider Number: 155750
AIM Number: 100289100

Surveyor: Mark Caraher, Life Safety Code
Specialist

At this Life Safety Code survey, Morgantown
Health Care-Inn was found not in compliance with
Requirements for Participation in
Medicare/Medicaid, 42 CFR Subpart 483.70(a),
Life Safety from Fire and the 2000 Edition of the
National Fire Protection Association (NFPA) 101,
Life Safety Code (LSC), Chapter 19, Existing
Health Care Occupancies and 410 IAC 16.2.

This one story facility with a basement was
determined to be of Type V (111) construction
and fully sprinklered. The facility has a fire alarm
system with smoke detection in the corridors and
areas open to the corridor. The facility has a
capacity of 39 and had a census of 37 at the time
of this visit.

Quality Review by Robert Booher, REHS, Life
Safety Code Specialist-Medical Surveyor on
02/18/11.

The facility was found not in compliance with the
aforementioned regulatory requirements as
evidenced by the following:

RECEIVED

MAR -3 2011

LONG TERM CARE DIVISION
INDIANA STATE DEPARTMENT OF HEALTH

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Daphna L. Hokey

HFA

3-1-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

APPROVED

3/8/11 DA

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K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 kitchen doors opening into the corridor would close and latch into the door frame. This deficient practice could affect any resident, staff and visitors in 1 of 1 smoke compartments where the kitchen is located.</p> <p>Findings include:</p> <p>Based on observation with the Environmental Services Supervisor and the Maintenance Director during the tour of the facility from 11:25 a.m. to 12:55 p.m. on 02/16/11, the kitchen door which opens into the corridor is not equipped with</p>	K 018	<p>K 018</p> <ol style="list-style-type: none"> 1. ESD ordered new door closure. 2. Any resident has the potential to be affected. 3. Maintenance has installed door closure on kitchen door. This items is now on the monthly preventative maintenance checklist. 4. ESD and Maintenance and HFA will monitor daily. ESD will report to QA committee quarterly for the remainder of 2011. 5. Date Completed: March 18,2011 		

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K 018 Continued From page 2
a latching mechanism, and would not latch into the door frame. Based on interview at the time of observation, the Environmental Services Supervisor acknowledged the kitchen door opening into the corridor is not equipped with a latching mechanism and would not latch into the door frame.

3.1-19(b)
K 025 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E
Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure openings through 1 of 2 smoke barriers were protected to maintain the smoke resistance of each smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so that the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could

K 018

K 025

K 025 – Maintenance personnel repaired the smoke barrier in the attic on 2/25/11,

Any resident has the potential to be affected.

Repair was made by replacing bricks and the surrounding area was sealed with a fire proof sealant. Smoke barrier is now protected to maintain the smoke resistance of each smoke barrier in the attic.

This area has been added to the monthly preventative maintenance checklist.

ESD and Maintenance personnel will monitor monthly. ESD will report to QA committee quarterly for the remainder of 2011 and follow the QA recommendations.

Date Completed: 3/18/11

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K 025	Continued From page 3 affect approximately 20 of 37 residents, staff and visitors using the south corridor if smoke from a fire were to infiltrate the protective barriers. Findings include: Based on observation with the Maintenance Director during the tour of the facility from 11:25 a.m. to 12:55 p.m. on 02/16/11, the smoke barrier wall in the attic above the south smoke barrier door set had a six inch long by six inch wide section of concrete block missing through which a one inch diameter sprinkler pipe and ten cables passed through the opening which was not firestopped. Based on interview at the time of observation, the Maintenance Director acknowledge a section of the concrete block smoke barrier wall was missing which is the cause for the opening in the smoke barrier wall.	K 025			
K 051 SS=F	3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm	K 051			

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 5MG121 Facility ID: 000399 If continuation sheet Page 5 of 6

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K 051	Continued From page 5 system was activated during the tour and acknowledged the fire alarm transmission signal should have been received by Superior Systems. The Environmental Services Supervisor immediately contacted Superior Systems for a service call for repair and stated they may institute a fire watch in the interim. 3.1-19(b)	K 051			